



UNITED STATES DEPARTMENT OF C

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FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NO /TITLE

1073/06117

0232/1008

DAMBY & DARBY PC 808 THIRD AVENUE WEM AGEK MA 10055

Customer Service Center

Initial Patent Examination Division (703) 308-1202

NOT ASSIGNED

2784

Ç.,;

DATE MAILED:

10/06/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

| Extensions of time may be obtained by whing a petition accompanied by the extension fee under the pro- 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of the entity in compliance with 37 CFR 1.27, or 1.30.00 for a non-small entity, must also be timely submitted in rep- to avoid abandonment. | red below to avoid ovisions of 37 CFR \$65.00 for a small bly to this NOTICE |
|--|--|
| required items on this form are filled within the period set above; the total amount owed by applicant as a mail entity (statement filed) non-small entity is \$ The statutory basis filling fee is: missing, insufficient. Applicant must submit \$ to complete the basic filling fee and/or file a small entity statement claiming such status (37 CFR 1.27). Additional claim fees of \$ including any multiple dependent claim fees, are required. \$ for independent claims over 3. dependent claims over 3. dependent claims over 20. \$ for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. The oath or declaration: is missing or unexecuted. does not cover the newly submitted items. does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required. The signature(s) to the oath or declaration; in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date; is required. A poperly signed oath or declaration; in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date; is required. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)). \$2.252. | |
| ☐ 1. The statutory basic filing fee is: ☐ missing. ☐ insufficient. | |
| | ement claiming |
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| \$for independent claims over 3. | |
| \$for dependent claims over 20. | • |
| for multiple dependent claim surcharge. | : |
| Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. The path or declaration: | |
| is missing or unexecuted. | |
| ☐ does not identify the application to which it applies. ☐ does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1, 63, including residence information and identifying the | application by |
| 4. The signature(s) to the oathous declaration is/are by a person other than inventor or person qualified under 3 | 7 CFR 1:42, |
| A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. | ve |
| 5. The signature of the following joint inventor(s) is missing from the oath or declaration: | · · · |
| An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the o | mitted - |
| inventor(s), identifying this application by the above Application Number and Filing Date, is required | ~ 664 * 664 |
| 7. Your filing receipt was mailed in error because your check was returned without payment (37 CFR 1.21(m)). | \$ 500 \$ |
| □ 8. The application does not comply with the Sequence Rules | 660 6 |
| □ 9. OTHER: | 8 |
| Direct the reply and any questions about this notice to "Attention: Box Missing Parts" | 8 |
| A copy of this notice MUST be returned with the reply. | 55.5 |

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CERTIFICATE OF MAILING

I hereby certify that this paper or, if this paper is a transmittal letter, every other paper or fee referred to therein, is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner of Patents & Trademarks, Waghington, DC 20231, on

December 4,1999 (Date of Deposit)

126-49 G Karango

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100



Docket No.: 1073/0G117

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Sophie WILSON

Serial No.: 09/395,294

Art Unit:

2784

Filed:

September 13, 1999

Examiner:

To be assigned

For:

AN INSTRUCTION SET FOR A COMPUTER

Hon. Commissioner of Patents and Trademarks Washington, DC 20231

Sir:

COMPLETION OF PATENT APPLICATION

The following items are submitted herewith in completion of the aboveidentified patent application:

- 1. Declaration and power of attorney
- Check in the amount of \$ 1,046, (\$ 760 filing; \$ 156 extra independent claims;
 \$ 0 recording; \$ 130 surcharge)
 (See attached Fee Computation Sheet)
- 3. [] Formal drawings, sheets (Figs.)
 - [] Informal drawings, sheets (Figs.)

- 4. [] Assignment for recording to:
- Verified statement claiming small entity status.
 PARTIAL REFUND of all fees paid within last 2 months is REQUESTED.
- 6. A copy of Notice to File Missing Parts of Application.

Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:

United Kingdom

Number:

9916566.4

Date:

14 July 1999

The priority document

[X] is enclosed

[] will follow.

The Patent Office is authorized to charge any deficiency up to \$300.00 in the above fees, and to credit any excess, to our Deposit Account No. 4-0100.

Dated: December 6, 1999

Respectfully submitted,

Unun Molone Bas

Cheryl Milone Bab Reg. No. 43,480

Attorney for Applicant

DARBY & DARBY P.C. 805 Third Avenue New York, NY 10022 212-527-7700



Docket No.: 1073/0G117

PATENT FEE COMPUTATION SHEET

| | No. of Claims Presented | Extra Claims Previously Paid For | Number of Extra Claims | Rate |
|-----------------------|----------------------------|--|---------------------------|------------|
| Basic Fee | | | | \$760.00 |
| Total Claims | 16 - 20 | - 0 = 0 | 0 x \$18.00 | \$0.00 |
| Independent Claims | 5 - 3 | - 0 = 0 | 2 x \$78.00 | \$156.00 |
| Multiple Depend | lent Claims | 0 - if so, add | \$260.00 | \$0.00 |
| | ate submission c | | | \$130.00 |
| SUBTOTAL | | | | \$1,046.00 |
| . [] Small Entity | REDUCTION (Half | of Subtotal) . | | \$0.00 |
| Fee for records | ation of assignme | ent (\$40.00) | | \$0.00 |
| Charge for fili | ing non-English l | anguage applicat | cion (\$130.00) | \$0.00 |
| TOTAL | | | | \$1,046.00 |